

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Fresenius Medical Care North America PAC

ADDRESS (number and street)

801 Pennsylvania Avenue, NW

Suite 255

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00401299

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric Bishop

Signature of Treasurer

Eric Bishop

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
11 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">93762.04</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">90277.53</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">11600.77</span>	<span style="border: 1px solid black; padding: 2px;">162081.87</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">101878.30</span>	<span style="border: 1px solid black; padding: 2px;">255843.91</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">14674.31</span>	<span style="border: 1px solid black; padding: 2px;">168639.92</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">87203.99</span>	<span style="border: 1px solid black; padding: 2px;">87203.99</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2015			

To:

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

10450.89

129045.89

(ii) Unitemized .....

1149.88

32343.30

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

11600.77

161389.19

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

11600.77

161389.19

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

692.68

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

11600.77

162081.87

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

11600.77

162081.87

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	174.31	2639.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	174.31	2639.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	166000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14674.31	168639.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14674.31	168639.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11600.77	161389.19
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11600.77	161389.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	174.31	2639.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	692.68
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	174.31	1947.24

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A-N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

Amendment to correct inaccurate Line 15 and Line 17 totals.

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 46  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Wayne Simmons**

Mailing Address 13971 Williston Way

City State Zip Code  
 Naples FL 34119-0922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Fresenius Medical Care NA

Occupation  
 President & COO East

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 02 / 2015

**Transaction ID : AD6C1BC5A4A4844D5B82**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Mignon Early**

Mailing Address 124 Verdae Blvd

City State Zip Code  
 Greenville SC 29607-3843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Fresenius Medical Care NA

Occupation  
 Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

11 / 30 / 2015

**Transaction ID : AFA1F773E2DA24A2E999**

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

Full Name (Last, First, Middle Initial)

## **C. Joseph Marino**

Mailing Address 5251 Dtc Pkwy  
 Ste 500

City State Zip Code  
 Greenwood Village CO 80111-2734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Fresenius Medical Care NA

Occupation  
 Sr Director, Joint Venture Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

**Transaction ID : A54CCE5E1910D4BA0A5E**

Amount of Each Receipt this Period

19.24

Payroll Deduction: \$19.24/

**SUBTOTAL** of Receipts This Page (optional)..... ►

1079.24

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Janice D Lindsay**

Mailing Address 111 Elizabeth Street

City	State	Zip Code
Clinton	NC	28323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**Transaction ID : A8EFF5AC178F9465D928**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**B. Alexander Turfe**Mailing Address 920 Winter St  
Ste 4346

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2909.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**Transaction ID : A9E064427D83E431FBAA**

Amount of Each Receipt this Period

2102.16

Payroll Deduction: \$2102.16/

Full Name (Last, First, Middle Initial)

**C. Gregory Garza**Mailing Address 2020 E 1st St  
Ste 110

City	State	Zip Code
Santa Ana	CA	92705-4029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President Integrated Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**Transaction ID : A804FA03704ED4FC8A4F**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2162.16



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 46  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. John Baldasaro**

Mailing Address 32 Hartwell Ave

City

Lexington

State

MA

Zip Code

02421-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP ITG Revenue Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 30 / 2015

**Transaction ID : AF8310B7158054683980**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

**B. Constance Torrey-Romanus**

Mailing Address 3300 N Main St

City

Peoria

State

IL

Zip Code

61611-1562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.19

Date of Receipt

11 / 30 / 2015

**Transaction ID : A190EFE8AB9324866928**

Amount of Each Receipt this Period

23.06

Payroll Deduction: \$23.06/

Full Name (Last, First, Middle Initial)

**C. Kathleen Kawa**

Mailing Address 90 Glacier Dr

City

Westwood

State

MA

Zip Code

02090-1818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Director of Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 30 / 2015

**Transaction ID : AE6C2CB2D9A424E25939**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

123.06

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Michelle Gazella**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

**Transaction ID : A883D21A06BE94B7F918**

Amount of Each Receipt this Period

27.00

Payroll Deduction: \$27.00/

Full Name (Last, First, Middle Initial)

**B. Steve Shaw**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

**Transaction ID : A1B623590C6E7460BA0E**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

Full Name (Last, First, Middle Initial)

**C. Michael Ramsey**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

**Transaction ID : A83DAFF5487004801A90**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 11 OF 46  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Nicole Devore**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

Transaction ID : A504F2638D0C348B3978

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Barry M Doherty**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Deployment Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

Transaction ID : AB45794155A8C47DC9AE

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**C. Donna McCarthy**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Division President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2769.12

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

Transaction ID : A4A17ECB986B046F0816

Amount of Each Receipt this Period

230.76

Payroll Deduction: \$230.76/

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

289.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Lisa Dombro

Mailing Address 927 Prairie Ave

City State Zip Code  
 Park Ridge IL 60068-3937

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

Transaction ID : A5A12BA4FE0CB4C06AF

Amount of Each Receipt this Period

384.62

Payroll Deduction: \$384.62/

Full Name (Last, First, Middle Initial)

B. Wendy Schrag

Mailing Address 920 Winter St

City State Zip Code  
 Waltham MA 02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, Advocacy &amp; Gov Affai

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

Transaction ID : A1D14955479C043E5B41

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

C. David Roder

Mailing Address 920 Winter St

City State Zip Code  
 Waltham MA 02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

Transaction ID : A16FD23FFB23D49099BE

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

SUBTOTAL of Receipts This Page (optional)..... ▶

434.62

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Julia Brennan**

Mailing Address 8 King Rd

City

Rockleigh

State

NJ

Zip Code

07647-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Business Relations Spectra Labs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

**Transaction ID : A7A993165A0E5479FA07**

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

Full Name (Last, First, Middle Initial)

**B. James Pearce**Mailing Address 1875 I St NW  
FI 12

City

Washington

State

DC

Zip Code

20006-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RQM

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

**Transaction ID : ACCE1722ADBFB843EBBC4**

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

**C. Terry L Ketchersid**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

**Transaction ID : A0B750577CE404EC496D**

Amount of Each Receipt this Period

200.00

Payroll Deduction: \$200.00/

**SUBTOTAL** of Receipts This Page (optional)..... ▶

270.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Monica Cobb**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

**Transaction ID : A732B0AEAE3CA4D138DF**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Allen Mills**Mailing Address 210 N Church St  
Unit 2914

City

Charlotte

State

NC

Zip Code

28202-2387

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

**Transaction ID : A34D36C9CCC3A436FAD3**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**C. Jacqueline Wenzler**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				30				2015					

**Transaction ID : ABB09196750924BB9AF2**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

135.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Keith Alderman**

Mailing Address 5268 E Raines Rd

City

Memphis

State

TN

Zip Code

38118-7015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

**Transaction ID : A7C145912E4A34DBFBF4**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

## **B. Joseph Ruma**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Development Acquisitions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

11 / 30 / 2015

**Transaction ID : AB4951D9F5061443D9E8**

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

Full Name (Last, First, Middle Initial)

## **C. Richard Stotz**

Mailing Address 3500 Lacey Rd  
Ste 900

City

Downers Grove

State

IL

Zip Code

60515-5442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

11 / 30 / 2015

**Transaction ID : A738B6CAC3714409180B**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

118.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Jody MacDonald**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A53A1E054FBA946EA8FA**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**B. David Gillon**Mailing Address 100 Galleria Pkwy SE  
Ste 500

City

Atlanta

State

GA

Zip Code

30339-3165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director Market Development

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : AAE4BDFB01A7741F7BD2**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Judith Moran**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A5590CD19CBE94949A7F**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.92

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Drew David**

Mailing Address 2282 Floral Ridge Dr

City State Zip Code  
Dacula GA 30019-7214

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Market Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

Transaction ID : A16DE3D6C15DD4216AB5

Amount of Each Receipt this Period

23.08

Payroll Deduction: \$23.08/

Full Name (Last, First, Middle Initial)

**B. Sandra Geraci**

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

Transaction ID : AEAAF1813DAA14C81A7E

Amount of Each Receipt this Period

80.00

Payroll Deduction: \$80.00/

Full Name (Last, First, Middle Initial)

**C. Michael Tully**

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Mgr Corp Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

Transaction ID : AA8B8E13561C8453BBFC

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

SUBTOTAL of Receipts This Page (optional)..... ►

133.08

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Anthony Hayes**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Group Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

**Transaction ID : A702A3344D21F4272891**

Amount of Each Receipt this Period

62.00

Payroll Deduction: \$62.00/

Full Name (Last, First, Middle Initial)

**B. Robert Levin**Mailing Address 315 E 62nd St  
FI 4

City

New York

State

NY

Zip Code

10065-7767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

**Transaction ID : AACAAAF0B8B454D6AA73**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**C. Kim Sonnen**Mailing Address 1875 I St NW  
FI 12

City

Washington

State

DC

Zip Code

20006-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Marketing &amp; Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3120.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	5		

**Transaction ID : AB32EC8849529488EA46**

Amount of Each Receipt this Period

260.00

Payroll Deduction: \$260.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

342.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 19 OF 46  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Erma Hall**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : A2DFE1921DBB74FCA86B

Amount of Each Receipt this Period

76.00

Payroll Deduction: \$76.00/

Full Name (Last, First, Middle Initial)

**B. David Cariello**

Mailing Address 2219 Hollywood Blvd, Suite 101

City	State	Zip Code
Hallandale	FL	33009

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP of Real Estate &amp; Construction Servi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : A8A15C5AE516147299E8

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**C. Joseph H Johnston**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr VP of Biomedical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : A390661DF67A94ED690C

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

SUBTOTAL of Receipts This Page (optional)..... ▶

202.92

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Deborah Harvey**Mailing Address 100 Galleria Pkwy SE  
Ste 500

City	State	Zip Code
Atlanta	GA	30339-3165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : AE6D51AD80AFE4AB9BA;**

Amount of Each Receipt this Period

300.00

Payroll Deduction: \$300.00/

Full Name (Last, First, Middle Initial)

**B. Jeffrey Perritano**

Mailing Address 111 E Elizabeth St

City	State	Zip Code
Clinton	NC	28328-4017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A59567AF187F14DABB23**

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

**C. Mary Jo Davis**Mailing Address 1 Westbrook Corporate Ctr  
Ste 1000

City	State	Zip Code
Westchester	IL	60154-5700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : AE7D9C2D2CCEC44B89A0**

Amount of Each Receipt this Period

24.00

Payroll Deduction: \$24.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

354.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Kimberly Tecca**

Mailing Address 1402 Modeste Dr

City

State

Zip Code

League City

TX

77573-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Fresenius Medical Care NA

Director of Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**Transaction ID : A25705F3BCE6B46A3A7D**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**B. Nicholas Brownlee**Mailing Address 1875 I St NW  
FI 12

City

State

Zip Code

Washington

DC

20006-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Fresenius Medical Care NA

President SRM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**Transaction ID : A6AAABDD57C594A09A2C**

Amount of Each Receipt this Period

384.60

Payroll Deduction: \$384.60/

Full Name (Last, First, Middle Initial)

**C. William Fink**

Mailing Address 32 Hartwell Ave

City

State

Zip Code

Lexington

MA

02421-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Fresenius Medical Care NA

VP, ITG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

**Transaction ID : A54FC168C6400460DA9A**

Amount of Each Receipt this Period

100.00

Payroll Deduction: \$100.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

504.60

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 22 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Christopher Fonvielle**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : A2BD0AF84B41F4807A48

Amount of Each Receipt this Period

24.00

Payroll Deduction: \$24.00/

Full Name (Last, First, Middle Initial)

**B. Robin Surane**Mailing Address 9920 Kinsey Ave  
Ste 140

City

Huntersville

State

NC

Zip Code

28078-2401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : AC8D4B240D7E642EC818

Amount of Each Receipt this Period

19.24

Payroll Deduction: \$19.24/

Full Name (Last, First, Middle Initial)

**C. James Easterbrook**Mailing Address 4646 N Greenview Ave  
Unit 10

City

Chicago

State

IL

Zip Code

60640-7014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2015					

Transaction ID : A753937B33C8D4FDB873

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

73.24

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Andrew Holstein**Mailing Address 630 W Germantown Pike  
Ste 100

City	State	Zip Code
Plymouth Meeting	PA	19462-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A7F74E3F3441F4609B3C**

Amount of Each Receipt this Period

35.00

Payroll Deduction: \$35.00/

Full Name (Last, First, Middle Initial)

**B. Jessica Orlando**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : AB3AF3B291B53452BA8E**

Amount of Each Receipt this Period

23.06

Payroll Deduction: \$23.06/

Full Name (Last, First, Middle Initial)

**C. Steven P Covino**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Benefits

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : AD7F7871A9CBB4361AFD**

Amount of Each Receipt this Period

96.16

Payroll Deduction: \$96.16/

**SUBTOTAL** of Receipts This Page (optional)..... ►

154.22

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Katrina Demlow**

Mailing Address 3300 Vista Way

City	State	Zip Code
Oceanside	CA	92056-3632

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : A0934E5EC1CC94D2CB1D

Amount of Each Receipt this Period

11.55

Payroll Deduction: \$11.55/

Full Name (Last, First, Middle Initial)

**B. Catherine Dubinsky**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Operations Integrity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : A9A4869429A264595910

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**C. Geronia F Parlier**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP UltraCare Customer Connection

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : AE675C20A8A0149FC81B

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

SUBTOTAL of Receipts This Page (optional)..... ▶

126.93

TOTAL This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Deanna L Patterson**

Mailing Address 8688 Broadway

City

Merrillville

State

IN

Zip Code

46410-7034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

**Transaction ID : AA29CD51CE75946BBA69**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**B. Kristine Pace**

Mailing Address 711 E Jefferson St

City

Oak Grove

State

LA

Zip Code

71263-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

**Transaction ID : AC96BB4276479410CB8D**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**c. Linda Sherman**Mailing Address 12120 Plum Orchard Dr  
Ste 140

City

Silver Spring

State

MD

Zip Code

20904-7820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Home Therapies Program Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

**Transaction ID : AC09ACE85E0064569A32**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Robert D Crick**Mailing Address 3501 Moyers Cir  
Ste 200City State Zip Code  
Masonic Home KY 40041-9035FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A79F12E1A40B2436EAE2**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. James G Fowlds**Mailing Address 3545 Wilshire Blvd  
Ste 103City State Zip Code  
Los Angeles CA 90010-2305FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A7D4B8F30ECEA454F905**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Jenny Lee Fischer**

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A38E1E8EA2FAB4811BFA**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Liam Walsh**Mailing Address 1875 I St NW  
FI 12

City Washington State DC Zip Code 20006-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1608.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : AD6EBB9C15A814A52BE4**

Amount of Each Receipt this Period

134.00

Payroll Deduction: \$134.00/

Full Name (Last, First, Middle Initial)

**B. Barbara Williams**Mailing Address 5251 Dtc Pkwy  
Ste 700

City Greenwood Village State CO Zip Code 80111-2736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A7D84954569A04652B35**

Amount of Each Receipt this Period

16.00

Payroll Deduction: \$16.00/

Full Name (Last, First, Middle Initial)

**C. Cynthia LaMunyon**Mailing Address 225 E Germann Rd  
Ste 230

City Gilbert State AZ Zip Code 85297-2911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NAOccupation  
Sr. Director of Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A352DD2D1338F4910BE7**

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

180.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. William McKinney**Mailing Address 2901 Via Fortuna  
Ste 600

City	State	Zip Code
Austin	TX	78746-7710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, Fresenius Health Partners

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A82C1EC99B8FF4209AB8**

Amount of Each Receipt this Period

140.00

Payroll Deduction: \$140.00/

Full Name (Last, First, Middle Initial)

**B. Donald N Cantalupo**Mailing Address 100 Paterson Plank Rd  
Apt 313

City	State	Zip Code
Jersey City	NJ	07307-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RSM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : AFAB6BC5D421B41338CD**

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

**C. Michelle Cowens**

Mailing Address 516 Goldenwest St

City	State	Zip Code
Huntington Beach	CA	92648-2639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Vice President, Physician Practice Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A18AB66EDC3AF4F15810**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

**SUBTOTAL** of Receipts This Page (optional)..... ►

266.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Edda Spinelli**

Mailing Address 511 N Brookhurst St  
Ste 100

City State Zip Code  
Anaheim CA 92801-5229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

Transaction ID : A8264EB458C5F414F8D2

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

Full Name (Last, First, Middle Initial)

**B. Domenic Gaeta**

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

Transaction ID : A449DF93A92764F129BF

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**C. Jayme Patterson**

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director of Solutions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

Transaction ID : AFFC67BEF04BE438480C

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Douglas S Maggio**

Mailing Address 950 Golf View Ct

City	State	Zip Code
Dacula	GA	30019-6734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Director Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : A312EEF4EAA034BD680C

Amount of Each Receipt this Period

23.10

Payroll Deduction: \$23.10/

Full Name (Last, First, Middle Initial)

**B. Jayanta Ray**Mailing Address 5215 N O Connor Blvd  
Ste 1100

City	State	Zip Code
Irving	TX	75039-3739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : A4AE6D9EE0ADB45A1BC6

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

**C. Grant Asay**

Mailing Address 1421 Champion Forest Ct

City	State	Zip Code
Wheaton	IL	60187-1708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : A54802E114D2A4F8AB80

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

SUBTOTAL of Receipts This Page (optional)..... ►

111.56

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Richard Alderson

Mailing Address 1 Cityplace Dr

City State Zip Code  
 Saint Louis MO 63141-7014

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation  
 Fresenius Medical Care NA Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2015

Transaction ID : A7A5A49BA38C04D68968

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

B. Nelson Coimbre

Mailing Address 2219 Hollywood Blvd  
Ste 101

City State Zip Code  
 Hollywood FL 33020-6760

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation  
 Fresenius Medical Care NA Senior Construction Estimator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2015

Transaction ID : AB2FD955D810A4264896

Amount of Each Receipt this Period

34.62

Payroll Deduction: \$34.62/

Full Name (Last, First, Middle Initial)

C. Brian Silva

Mailing Address 920 Winter St

City State Zip Code  
 Waltham MA 02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer Occupation  
 Fresenius Medical Care NA SVP, Human Resources & Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2015

Transaction ID : A3EAB77DC317B4A7FB0E

Amount of Each Receipt this Period

384.62

Payroll Deduction: \$384.62/

SUBTOTAL of Receipts This Page (optional)..... ►

439.24

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Marion Andersen**

Mailing Address 475 W 13th St

City

Ogden

State

UT

Zip Code

84404-5554

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Principal Scientist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : AEB42E055213F47C282A

Amount of Each Receipt this Period

40.00

Payroll Deduction: \$40.00/

Full Name (Last, First, Middle Initial)

**B. Robert P. Loeper**Mailing Address 1875 I St NW  
FI 12

City

Washington

State

DC

Zip Code

20006-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : A432D5F35F9DA4F7ABDD

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**C. James W Swann**Mailing Address 3725 National Dr  
Ste 130

City

Raleigh

State

NC

Zip Code

27612-4072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Development &amp; Certificate of Need

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : AC2E21B6DFFDB4C2FB4C

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

136.92

**TOTAL** This Period (last page this line number only)..... ►



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 46  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. William Perry

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

11 / 30 / 2015

Transaction ID : AD034E616E05D42BE9ED

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

B. Geoff Higginbotham

Mailing Address 7581 NW 23rd St

City State Zip Code  
Pembroke Pines FL 33024-1036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Director of Finance RECS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

11 / 30 / 2015

Transaction ID : AD02CE5A395AA4506817

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

C. Karen Butler

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fresenius Medical Care NA

Occupation  
Senior Director Clinical Technology Tr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2015

Transaction ID : ACDD265C5ED5F413381D

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

108.46

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 46  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Matthew D Kinser**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A1D45B0FAA26B4A8B91A**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**B. Terri Carlton**

Mailing Address 1534 N Hoskins Rd

City	State	Zip Code
Charlotte	NC	28216-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A93F4517DD19C495AA4D**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. Gordon Jee**

Mailing Address 32 Hartwell Ave

City	State	Zip Code
Lexington	MA	02421-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Sr Manager, Product Delivery

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A0A494D121A7D460C803**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

**SUBTOTAL** of Receipts This Page (optional)..... ▶

153.84

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Wm Gary Livesay**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : AE172189FAE304AA1A1B**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**B. Maria Burke**Mailing Address 129 W Trade St  
Ste 1050

City	State	Zip Code
Charlotte	NC	28202-5303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A3970A8C70C884550AF7**

Amount of Each Receipt this Period

60.00

Payroll Deduction: \$60.00/

Full Name (Last, First, Middle Initial)

**C. Paul Smith**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director Biomedical Support Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : AE0519F5323FE4D3D862**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

**SUBTOTAL** of Receipts This Page (optional)..... ►

100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

**A. Kristi Wells**

Mailing Address 32423 Schoolcraft Rd

City State Zip Code  
 Livonia MI 48150-4300

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

Transaction ID : AF728DA2B90164C42B8D

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**B. Donna M Painter**

Mailing Address 920 Winter St

City State Zip Code  
 Waltham MA 02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

Transaction ID : AE085EEEDA45A44BA882

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

**C. Stephanie DeFranco**

Mailing Address 525 Sycamore Dr

City State Zip Code  
 Milpitas CA 95035-7429

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, New Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

Transaction ID : A83450B51309E4A07B02

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.38

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Douglas G. Kott

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	30	/	2015

Transaction ID : A607CCCF271814B6A9B9

Amount of Each Receipt this Period

384.60

Payroll Deduction: \$384.60/

Full Name (Last, First, Middle Initial)

B. Beth Britton

Mailing Address PO Box 113

City	State	Zip Code
Grantham	NH	03753-0113

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

RN, Clinical Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	30	/	2015

Transaction ID : A442C6A16C10E449BA52

Amount of Each Receipt this Period

30.00

Payroll Deduction: \$30.00/

Full Name (Last, First, Middle Initial)

C. David Sweet

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	30	/	2015

Transaction ID : AE37AF2480E8D4923BC5

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

434.60

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Nancy Diane Carter

Mailing Address 1607 Revella Arch

City State Zip Code  
Chesapeake VA 23322-6991

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Physician Contracting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

Transaction ID : AA5ED2D7E9E2144FF8AE

Amount of Each Receipt this Period

50.00

Payroll Deduction: \$50.00/

Full Name (Last, First, Middle Initial)

B. Carol A Ernst

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Area Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

Transaction ID : AF9D89C84256448B6855

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

C. Peter Sauer

Mailing Address 920 Winter St

City State Zip Code  
Waltham MA 02451-1521

FEC ID number of contributing federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President - Fresenius Health Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

Transaction ID : ABF293CBB47384C53B81

Amount of Each Receipt this Period

110.00

Payroll Deduction: \$110.00/

SUBTOTAL of Receipts This Page (optional)..... ►

236.92

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. K. Brett Heiner**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Distribution Center Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A37E67D235744401F92E**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**B. Jason Grayson**Mailing Address 5100 N Brookline Ave  
Ste 275

City	State	Zip Code
Oklahoma City	OK	73112-3603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : AE095F6DCCF5F447AA20**

Amount of Each Receipt this Period

20.00

Payroll Deduction: \$20.00/

Full Name (Last, First, Middle Initial)

**c. Robert Sepucha**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : AE785B331C1894E64B00**

Amount of Each Receipt this Period

384.62

Payroll Deduction: \$384.62/

**SUBTOTAL** of Receipts This Page (optional)..... ►

424.62

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 46

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Paul Zabetakis**Mailing Address 1875 I St NW  
FI 12

City	State	Zip Code
Washington	DC	20006-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

President, RRI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : AD2F56EAABE09454CBA2**

Amount of Each Receipt this Period

76.92

Payroll Deduction: \$76.92/

Full Name (Last, First, Middle Initial)

**B. Manikandan Pandi**

Mailing Address 920 Winter St

City	State	Zip Code
Waltham	MA	02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A6B30ED76F92247D7BAD**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

**C. William Crawford**Mailing Address 100 Galleria Pkwy SE  
Ste 1200

City	State	Zip Code
Atlanta	GA	30339-5954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

**Transaction ID : A5DD295E2F6A14AA797B**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

**SUBTOTAL** of Receipts This Page (optional)..... ►

153.84

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 OF 46

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

## **A. Mark R Fawcett**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 30 / 2015

**Transaction ID : AF2B3180A40954F57A9B**

Amount of Each Receipt this Period

38.46

Payroll Deduction: \$38.46/

Full Name (Last, First, Middle Initial)

## **B. Jeffrey Hymes**

Mailing Address 750 Old Hickory Blvd  
Ste 230

City

Brentwood

State

TN

Zip Code

37027-4528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

11 / 30 / 2015

**Transaction ID : A9D1E731E33894C00926**

Amount of Each Receipt this Period

200.00

Payroll Deduction: \$200.00/

Full Name (Last, First, Middle Initial)

## **C. Christine McLean**

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

Manager A/R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

11 / 30 / 2015

**Transaction ID : A734ECA28EAEF4936A40**

Amount of Each Receipt this Period

19.24

Payroll Deduction: \$19.24/

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

257.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. Joseph Winslow

Mailing Address 920 Winter St

City

Waltham

State

MA

Zip Code

02451-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

VP Quality Systems &amp; Compliance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

Transaction ID : A89ADAE22441A4234895

Amount of Each Receipt this Period

80.00

Payroll Deduction: \$80.00/

Full Name (Last, First, Middle Initial)

B. Patrick McCarthy

Mailing Address 82 Belcher Dr

City

Sudbury

State

MA

Zip Code

01776-1247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fresenius Medical Care NA

Occupation

SVP Sales &amp; Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

Transaction ID : A2F110E3CFCCA4B978FA

Amount of Each Receipt this Period

240.00

Payroll Deduction: \$240.00/

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.00

10450.89

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 46

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Global Payments**

Mailing Address 10705 Red Run Blvd

City Owings Mills      State MD      Zip Code 21117-5134

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2015
**Transaction ID : B539681D270FD42D68CE**

Amount of Each Disbursement this Period

174.31

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

174.31

174.31

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Katherine Clark For Congress**

Mailing Address PO Box 361

City	State	Zip Code
Malden	MA	02148

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Rep. Katherine M. Clark**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MA	District: 05

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

**Transaction ID : B06E3E733818B4338A99**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Joe Kennedy For Congress**

Mailing Address PO Box 590464

City	State	Zip Code
Newton	MA	02459

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Rep. Joe P. Kennedy III**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MA	District: 04

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

**Transaction ID : BDB5ECE829E204048BB2**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Pat Meehan For Congress**

Mailing Address 50 S Providence Road

City	State	Zip Code
Media	PA	19063

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Rep. Patrick L. Meehan Jr.**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: PA	District: 07

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

**Transaction ID : BFE4F82BA69864625B32**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. Ben Cardin For Senate**

Mailing Address P.O. Box 21093

City	State	Zip Code
Catonsville	MD	21228

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Sen. Ben L. Cardin**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

**Transaction ID : B68E34123DC9546AFA46**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Castro For Congress**

Mailing Address PO Box 544

City	State	Zip Code
San Antonio	TX	78292

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Rep. Joaquin Castro**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

**Transaction ID : BFB8B3E98F4E34DFF83D**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Volunteers For Shimkus**

Mailing Address PO Box 661

City	State	Zip Code
Collinsville	IL	62234

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Rep. John M. Shimkus**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

**Transaction ID : B0AB48E23607E46798DD**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fresenius Medical Care North America PAC**

Full Name (Last, First, Middle Initial)

**A. People For Patty Murray**

Mailing Address PO Box 3662

City	State	Zip Code
Seattle	WA	98124

Purpose of Disbursement  
Direct Contribution

Candidate Name

**Sen. Patty Murray**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WA District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		09		2015

**Transaction ID : B32975D725F6148C8B7A**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. NewDem PAC**Mailing Address 700 13th Street, NW  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Direct Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Other2015

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		16		2015

**Transaction ID : B7F0FB331145B4E74BA6**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
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14500.00
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